Unclaimed Funds Claim Form

City of Willard, Ohio 631 S. Myrtle Ave. PO Box 367 Willard, OH 44890 419-933-2581

THIS CLAIM WILL NOT BE PROCESSED WITHOUT PROPER IDENTIFICATION

The undersigned, having legal rights to Unclaimed Funds now in the custody of the City of Willard, makes claimed to said funds, in the amount and kind as specified below.

1				
Claimant Name (type or print)				
2				
Claimant Address (street & nu				
3				
City	State		Zip	
4. Are you the original owner of the funds	5?	Yes	No	
5. If no, your relationship to the owner				
6. If no, your reason for claiming in place of	of owner			
7. Claimant phone #				
8. Claimant work phone #				
The undersigned certifies that he or she h unclaimed funds and will indemnify and h officers and employees from any other va	old harmles	s the City o	f Willard, its	
Claimant Signature			Date	

City of Willard, Ohio

the City of Willard,	is to flave legal rights	to officialified Fullus flow iff the C	ustody of
\$			
Amount	Description	on of Unclaimed Funds	
Previous Address			
Current Employer			
Previous Employer			
Please explain why you	ı feel you are legally e	entitled to claim these funds.	
Claimant Signatura			Data
Claimant Signature			Date
Last four digits of socia	l Security #	Date of Birth	
*** Remember to incl	ude proper identifica	tion	
Reviewed and approve	d by the City of Willa	rd's law director (claims over \$1,0	000).
Signature		Date	